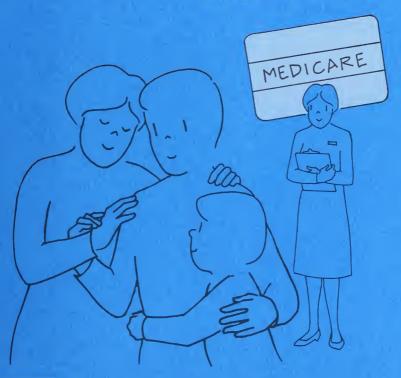
ABOUT HOSPICE UNDER-MEDICARE



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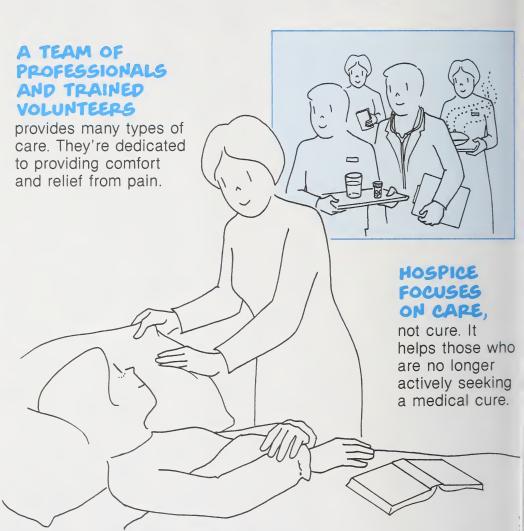
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It's a special way of caring for people with terminal illnesses and their families.



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Hospice emphasizes quality of life!



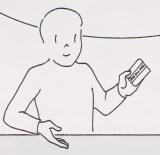
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WHY LEARN ABOUT HOSPICE?

Because hospice care offers benefits that other types of health care may not. For example:



GREATER CONTROL

in making decisions about care. Patients and their families are deeply involved in decisions about care.



FAMILY INVOLVEMENT

in the care of a loved one, since most often care is provided in the home.



SPECIALIZED SERVICES

for patients and their families, such as pain management, grief counseling and volunteer support.



If you receive Medicare benefits, you're entitled to hospice care. Learn more ...

HOSPICE CARE AFFIRMS LIFE!

It's designed to help the person to make the most of each hour and each day of remaining life. It helps:

PEOPLE IN THE LAST PHASE OF AN INCUPABLE ILLNESS

Hospice care is designed to help the person to:

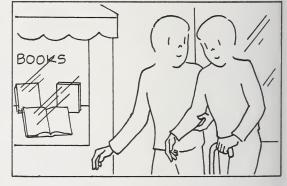
LIVE AT HOME,

or in the most comfortable setting for as long as possible. If no caregiver is available at home, the hospice team can help arrange an alternative setting where people's needs can most appropriately be met.



STAY AS ACTIVE AS POSSIBLE

-- with hospice help, people can do as much as their condition allows.



EXPRESS AND ACCEPT FEELINGS

of fear, anger, confusion and pain. The hospice staff can give support and understanding.



FAMILIES

Hospice can help the family to:

CAPE FOR THEIR LOVED ONE

by learning to provide many types of care -- whatever they're comfortable with and able to give.

MANAGE PRACTICAL TASKS,

such as completing financial applications, running errands, preparing special meals, and getting medications, supplies and equipment.

DEAL WITH THE STRESS

of an approaching loss, and the many demands of giving care.

PROVIDE SUPPORT

to each other in a time of crisis.

HOSPICE CAPE HELPS PEOPLE FEEL AT PEACE

as the end of life's journey approaches. It creates a loving environment where family members can say goodbye.



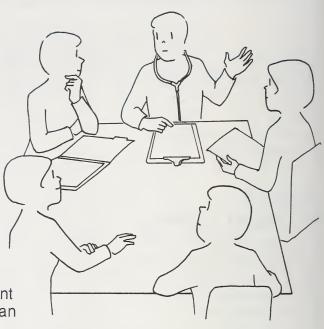
LEARN ABOUT HOSPICE CAPE UNDER MEDICARE

A "TEAM" PROVIDES CAPE

It's too much for one person to meet all the needs of a seriously ill person. Hospice uses a team approach that includes:

- family
- nurses
- social workers
- physicians
- clergy
- volunteers.

People with many different skills work together to plan and coordinate care.



HELP IS ALWAYS AVAILABLE

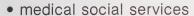
Family or friends providing care in the home can call for help -- and a hospice team member will respond promptly, 24 hours a day, 7 days a week.

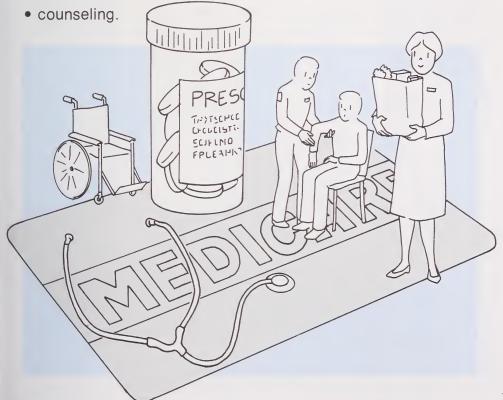
A member of the hospice team will come to the patient's home whenever needed. The hospice team can arrange for a transfer to another setting if needed.



MEDICAPE COVERS MANY SERVICES UNDER HOSPICE CAPE

- nursing services on an intermittent basis
- physician services
- drugs, including outpatient drugs for pain relief and symptom management
- physical therapy, occupational therapy, and speechlanguage pathology
- home health aide and homemaker services
- medical supplies and appliances
- short-term inpatient care, including respite care

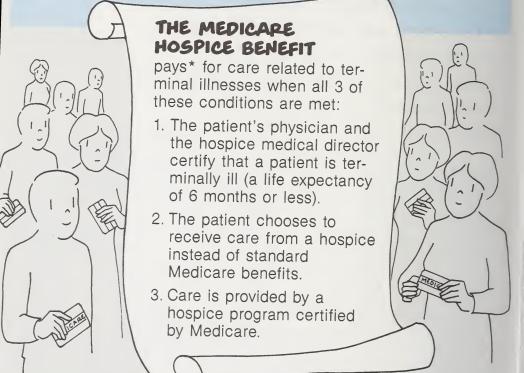




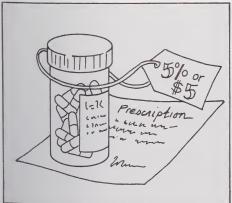
WHO'S ELIGIBLE FOR HOSPICE CARE UNDER MEDICARE?

Anyone covered by Part A of Medicare.

- *A patient may be asked to pay:
 - 5% of the cost of outpatient drugs or \$5 for each prescription, whichever is less
 - 5% of the Medicare rate for respite care.







MEDICARE PAYS COVERED COSTS

for:

- two 90-day periods
- one additional 30-day period
- an unlimited extension, if the patient is recertified as terminally ill.

The patient may stop hospice care at any time and return to cure-oriented care. Any remaining days in a benefit period are forfeited once hospice care is stopped.



THE MEDICAPE HOSPICE BENEFIT DOES NOT PAY

for treatments or services unrelated to the terminal illness. Any attending physician charges would continue to be reimbursed in part through Medicare Part B coverage.

However, the standard Medicare benefit program still helps pay covered costs necessary to treat an unrelated condition.

HOW TO CHOOSE A HOSPICE

Find out all you can about Medicare-certified hospice programs in your area.

TO LOCATE AREA HOSPICE PROGRAMS,

TALK WITH:

- your physician
- a hospital discharge planner or social worker
- your state or local health department
- your state hospice organization.



CALL THE HOSPICE HELP LINE

(1-800-658-8898). You can also write to: The National Hospice Organization 1901 North Moore St. Suite 901 Arlington, VA 22209.



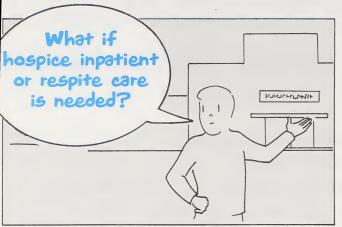
SOME QUESTIONS TO ASK:

☐ Is the program Medicare-certified for hospice care? ☐ Does your state license hospices? ☐ What services are offered? ☐ Where are services offered? ☐ Who handles paperwork for Medicare, insurance and hospital billing? ☐ How are services arranged and paid for? ☐ What role does the family physician play? ☐ How are families involved in care? ☐ How will hospice work with you and your family? ☐ How are professional staff and volunteers chosen and trained?

YOU MAY ALSO WANT TO CONTACT THE HOSPICE

and find a family who would be willing to share their hospice experiences with you.

SOME QUESTIONS AND ANSWERS



The hospice program will arrange for any necessary care. As long as the hospice arranges it, Medicare will help pay for it. Medicare also provides partial payments for non-terminal related medical care.



No. Medicare pays for the cost of hospice care. Social Security payments are not affected.



Call the hospice program's 24-hour number so its staff can respond. (Family members are taught in advance how to respond to unexpected medical crises.) Make sure the 24-hour hospice number is near the phone at all times.



Talk with the hospice staff to be sure of what Medicare covers. A person may leave a hospice program at any time, and seek services not available through hospice.



Not necessarily. The hospice staff provides services that patients and families want. It allows them to express and accept their emotions in a non-threatening environment. If requested, counseling is available.



HMOs are not required to provide hospice care. But, those HMOs receiving monthly payments from Medicare must inform Medicare recipients of Medicare-certified hospice programs in the area. A hospice patient does not have to leave the HMO, and may continue to receive other HMO benefits not covered by Medicare.

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COMPARE BENEFITS

under Medicare:

Benefits/Required Services	Covered under Medicare		
	Hospice election	Part A	Part B
PAIN OF SYMPTOM CONTROL MEDICATIONS (self-administered)	Yes	No	No
Coverage for Non-Homebound Patients	Yes	No	No
NO DEDUCTIBLES/ CO-PAYMENTS	Yes*	No	No
Inpatient respite care	Yes	No	No
continuous PN CARE in the home during periods of crisis	Yes	No	No
counseling in the Home for both the patient and the family	Yes	No	No
номемакерь	Yes	No	No
BEPEAVEMENT SEPVICES	Yes	No	No
TRAINED VOLUNTEERS required	Yes	No	No
continuity of cape between inpatient and home settings	Yes	No	N/A

^{*} A hospice may charge 5% of pharmacy and respite services.

500--

CONSIDER HOSPICE CARE UNDER MEDICARE

√ LEARN

what hospice care is -- and what it's not.

√ ASK

about Medicare-certified hospice programs in your area.

√ TALK

with families and friends about hospice care.



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